

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

INTOX BINT WINTERVINGE	(LI OI(I			
Complete this report at the time of the regular monthly Complete this report whenever the instrument is service Retain the original and send a copy within 15 days to	ced or repaired and whenever it	is placed into service.		
NAME OF AGENCY 500016 NAME OF AGENCY Higginsville Police Department		02/01/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 12 W 19th Street, Higginsville, MO		TIME OF INSPECTION 10:41:51		
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be determined.	found to be satisfactory or is op corrected before using instrume	erating within established limits.	(Write in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 02/01/2021 10:41:53	☑ DETECT	OR		
☑ PROGRAM		1		
☐ SAMPLE CHAMBER 48.8°C ☐ ☐ FILTER 2				
☑ BREATH TUBE 45.3°C ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
		SED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPLIER INTOXIMETERS	LOT#_AG907710	EXP. DATE_	03/18/2021	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DAT	E	
 □ CALIBRATION CHECK - (ONLY ONE STANDAR Run three tests using a standard. All three tests of .005 or less. Mark the box corresponding to th □ 0.10% STANDARD - MUST READ BETWOOD OF .008% STANDARD - MUST READ BETWOOD ON .004% STANDARD - MUST READ BETWOOD .004% 	e standard being used. WEEN 0.095% AND 0.105% IN WEEN 0.076% AND 0.084% IN	CLUSIVE	d	
TEST 1: 0.101 TES	ST 2: 0.100	TEST 3: 0.100		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 2 .05-	.09: 1 .1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ION THAT WAS MADE TO RESTORE THE IN	STRUMENT TO OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER				
SIGNATURE CONTRACTOR OF THE CO		PRINT FULL NAME QUINTON L DINOVI		
TYPE II PERMIT NUMBER 1 1 290226		LEPHONE NUMBER 660-584-2104		
	h Alcohol Program, Missouri De ail, fax, or email	partment of Health and Senior S	ervices	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

QUINTON L. DINOVI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

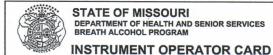
INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE10/1/2019	wante
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290226	
EXPIRES 10/1/2021	for Ullellen
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator DiNOVI, QUINTON

Permit No 290226

ate Issued 10/1/2019 Date Expires 10/1/2021

